AGE should be stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

N. B.—WRITE PLAIN

V. S. No. 1

See instructions on back of

rION is very important.

PHYSICIANS should state

Exact statement of OCCUPA.

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

6.	4	Į.	)

1. PLACE OF DEATH			(ALCO)
County Garrett		Sur Personal S	Registration Dist. No. 14 /66
Village or City Oakland, M	ld.		No. St Word
Length of residence in city or town where do	eath occurred	63 <sub>yrs</sub> no mos	f death occurred in a hospital or institution, give its NAME instead of street and number)  27 ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Fannie Sp	oiker B	owser	If U. S. Veteran, specify WAR
(a) Residence: No. R • D • Os	kland, (Usual piace	Md.	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Marri	RIED, WIDOWED, D (purite the word)	21. DATE OF DEATH June 6, 193 36'
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Wallace Bows	ser		(Month) (Day) (Year)  22. I HEREBY CERTIFY) That I ettended deceased from
34	. 77 70	DEG.	1936.
6. DATE OF BIRTH (month, dey, and year) May 7. AGE Years Months	Days	1 If LESS than	I last saw h; death is said to have occurred on the date stated ebove, et 6 : 00 Pm.
63 no	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
12. BIRTHPLACE (city or town) R. D. C (State or country) Garre	11. Total ti 36 sper Oakland tt Co.	ntin this 35 yr	8. (Nearl when and) Other Contributory Causes of importance:
(State of country)		Md.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAMESarah Thomp 16. BIRTHPLACE (city or town) Oaklan (Stete or country) Garret		Md.	23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Carlton Bowse (Address) Oakland, Md.			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION WARREMOVAL Place Oakland, Md.	Date June	9, <sub>19</sub> 36	Manner of injury
19. UNDERTAKER Herbert C. Le (Address) Oakland, Nd) 2D. FILED 6/8/, 1936	ighton	war	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
	anks are needed, a	Registrar. ddress State Registrar,	(Address) O

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JUL O				
Other contributory causes of importance		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

WITH UNFADING INK-THIS IS A PERMANENT REC

AGE should be stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

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19. UNDERTAKER

(Address)

Exact statement of OCCUPA-

of infor-

Every in

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6250
1. PLACE OF DEATH	art)
County Larrett Mid	Registration Dist. No. 16 V
Village or City Grantsvilla	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of lown where death occurred 2 yrs	de. How long in U.S. if of foreign birth?ds. ds.
2. FULL NAME Ludia Bender &	Bremmonter) sufferer
	St. Ward.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OBDIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Acris Brennmen	22. HEREBY CERTIFY, That I attended deceased from 19.36, to June 21, 19.36
6. DATE OF BIRTH (month, day, and year) Dec 10, 1852	I last saw h. er alive on June 18 , 1936; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date state prove, at 6', 0', 4', m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
83   ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Cardeo-Rescular disease
S. Hade, processing, or particular to the work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this second in this occupation (month and spent in this second in the second in	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Somersel Caunty (State or country)	Other Coutributory Causes of importance:
The state of the s	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Susian Letersheim 16. BIRTHPLACE (city or town) Somerset County (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT School Prennmen	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / weeton Cemetary June 24,193 6	Nature of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting O. S. No. 1.

Registrar.

(Signed)\_.

(Address)

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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E	xample I	==1	Example II		
The principal cause of der of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	2000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	JUL C 1000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V	July 5,1927	Peritonitis	3 days ago	
	RURUA				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS 1	BY	PHYSICIA	N
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MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. E
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V. S. No. 1

See instructions on back of certificate.

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PHYSICIANS should state

Exact statement of OCCUPA-

1	S. PLACE OF DEA		F MAR	YLAND-	CERTIFICATE (	OF DEATH	6251
	County Garre	tt			Tro.	Registration Dist. No.	X 166
	Village or City_Mt		Park. Mo	l .	No.		St Ward
3				(1	f death occurred in a horpital or institutionds. How long in U.S. if of	on, give its NAME instead of	of street and number)
2	FULL NAME Ja	mes Edwa	ard Char	nce	If U. S. Veteran, s	specify WAR	
	(a) Residence: No	Mt. Lake	e Park, (Usualplace o	Md . of abode)	St., Ward.	If nonresident give city	or town and State
	PERSONAL AN	D STATISTIC	CAL PARTIC	CULARS	MEDICAL CE	RTIFICATE OF D	EATH
	Male Whi		5. SINGLE, MARK OR DIVORCED Married	(write the word)	21. DATE OF DEATH	June 1 (Month) (Day	8 , 193 6 (Year)
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of Cathe		Chance		22. I HEREBY	CERTIFY That	l ettended deceased from
	ATE OF BIRTH (month, day		1		Clast saw here alive on.	July 13	, 19-3 death is said
7. A	GE Years 76	Months	Days 7	If LESS than  1 day,hrs.	to have occurred on the date stated The PRINCIPAL CAUSE OF DEATH		rtance
X	8. Trede, profession, or pa kind of work done, SAWYER, BOOKKEE	articular as SPINNER COR	adnon &	Tobonon	were as follows:	10 -1	Data of one at
PATI	SAWYER, BOOKKEE  9. Industry or business in work was done, as \$ SAW MILL, BANK, o	which		Daborer	Xuguro	UZC/bre	
306	0. Date deceased last wor this occupation (mo year)	rked et	11. Total tir	ne (years) t in this yr s	3		
12.	BIRTHPLACE (city or town) (State or country)				Other Contributory Causes of import	tance:	,
ER	13. NAME Nathan	Chance					
FATHER	14. BIRTHPLACE (city or to (State or country)	Englar	nd		Name of operation		Date of
ER	15. MAIDEN NAME EL	izabeth	Andrews	3	23. If death was due to external cause		
MOTHER	16. BIRTHPLACE (city or to	wn) Maryla	and		Accident, suicide, or homicide?		
	INFORMANT Mrs. (Address) Oakl	and, Md.	Selby		Where did injury occur?  Specify whether injury occurred In	(Specify city or town, cou INDUSTRY, In HOME, or In	nty and State) PUBLIC PLACE.
18.	BURIAL, CREMATION OR R Place Oaklan		Date June	20, ,1936	Manner of injury		
19.	UNDERTAKER Herb	ert C. I		<b>1</b>	24. Was disease or injury in any way	y related to occupation of de	ceased?
20.	Filme 19	1936 Ja	ilia /	ocean	(Signed)	Legista	M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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	Example I	13	Example II	
The principal cause of importance were as	f death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1996	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis JUL 8 1800	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
	BUKD			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

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		ST	TATE C	T MAI	OVI AND	CEPTIFICATE OF DEATH	959
1	. PLACE OF		Н	F MAI	CTLAND-	-CERTIFICATE OF DEATH 6	202
	Village or Cit	Oak	land. M	Larylan	d.	Registration Dist. No.	(
	To be seen and the seen	ity	y or town where d		87 (If	No. St.,  If death occurred in a hospital or institution, give its NAME instead of street and i	number)
2	2. FULL NAN	ME	Julia K	Keefe C	onnor	If U. S. Veteran, specify WAR	osds.
	(a) Residenc	ce: No.	Water S		***************************************	St.,Ward.	X
-	BERSON	A L A NIT	CTATICT	The second second	ce of abode)	If nonresident give city or town and	State
3, 5	SEX		D STATISTI		ARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
	Female	100000000000000000000000000000000000000	ite	MR DIVOR	CED (write the word)	21. DATE OF DEATH une, 7, 1936	193
5a.	If merried, widowe					(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of		r Conno			22. for the TEBY CERTISM_That extended.	10
6. J	DATE OF BIRTH (n	month, day,	and year)	rch, 1	, 1843	I last saw her alive on June, 0, 19 36	; death is said
7. A	AGE Years	S	Months 3	Days 6	If LESS than I day,hrs.	to have occurred on the date steted ebove, et_2m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
NOI	8. Trede, profess kind of w SAWYER.	sion, or par ork done, a BOOKKEEP	ticular s SPINNER, Re	tired		Artero Sclerosis	Date of onset
OCCUPATION	8. Trede, profession, or particular kind of work done, as SPINNER, Retired House-SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Wife. SAW MILL, BANK, etc.			e.			
000	10. Date deceased	ed last work pation (mont	red et	11. Total	It time (years) pent in this coupation		
12.	BIRTHPLACE (city (State or count	y or town)	Dublin,		nd.	Other Contributant Causes of importance:	
2			Keefe			-	
FATHER	14. BIRTHPLACE (		Dubl	in, Ir	eland.	Name of operation Date of	
2	15. MAIDEN NAM	DAM	e Rice			What test confirmed diagnosis? Was there an a	
MOTHER	[6. BIRTHPLACE (	(city or tow			and	23. If death was due to external causes (VIOLENCE) fill in elso the following     Accident, suicide, or homicide?  Where did injury occur?  Where did injury occur?	,19
	(Address)	O-ak]		owan d.		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
18.	Place			June	,10, 36	Manner of injury	
19.	(Address)	Oakla		•		24. Was disease or injury in any way related to occupation of deceased?	
20.	FILED June	, 9,19	36 Jac	lia /	WON Registrar.	(Signed) (Address) Decke deck	M.D.P

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIF	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep		1921	Run over by street car	1 week ago
Cerebral hemorrhage	7 7 8 1930	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S		,	
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

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of OCCUPA-

Exact statement

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 6253
1. PLACE OF DEATH	900
County Garell	Registration Dist. No. 164
Village or City Stays	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME David Onen De alli	If U.S. Veteran specify WAR.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Office Offic	21. DATE OF DEATH  (Month)  (Day)  (Vear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Latilia De Mill	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Love 9 - 1870	Vist saw wie alive on feels ftd , 1986; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3m.
66 5 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	CoronaryOellusu
Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) CM C (State or country)	Other Contributory Canses of importance:
13. NAME Juhn De Will	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Havilt los llies	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Allester De Will (Address) D' & assident as a	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 18 1936	Nature of injury
19. UNDERTAKER ON M Minterley	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 17, 1936 a. J. Richter. Registrar.	(Signed) M. D. (Address) Cacalago M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	I VED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis ·			1 week ago
Cerebral hemorrhage	JUL 7 1936	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				<u> </u>

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
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STATE OF MARYLAND—CERTIFICATE OF DEATH

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-	)	5	J	-4

1. PLACE OF DEATH	(10-m)
countGarrett	Registration Dist. No. 166
Village or City Oakland, Md.	No. St., Ward
Length of residence in city or town where death occurred	(If death occurred in a horpital or institution, give its NAME instead of street and number)
	If U. S. Veteran, specify WAR
(a) Perideness No.	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWI OR DIVORCED (write tha wo Divorced)	rd) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
5a. If married, widowed, or divorced	
HUSBANO of (or) WIFE of Eva allemo	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1882	
7. AGE Years Months Days If LESS to	han to have occurred on the date stated above, atm.
54 Unknown or mir	
8. Trade, profession, or particular kind of work dona, as SPINNER, Coal Miner	
	Grasidantaly Kallack
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	automobile Greckant molan
this occupation (month and year)	
12. BIRTHPLACE (city or town) Sol arino. (State or country) I talv	Other Contributory Causes of importance:
T UELLY	
13. NAME Carmelo DiM auro 14. Birthplace (city or town) Solarino,	Name of operation Date of
(State or country) I taly	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME J osephineBurgo.	23. If death was due to external causes (VIOL ENCS) fill in also tha following:
15. MAIOEN NAME J OSEPHINEBURGO, 16. BIRTHPLACE (city or town) Solarino.	Accident, suicide, or homicide
X (State or country) I taly.	Where did injury occur? 206 has have formed
17. INFORMANT Concetto DiMauro,	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Sold Johnstown, Pa.  18. BURIAL, CREMATION, OR REMOVAL	Our Hon't wary
Place Oakland, Md. Oate July 2nd 19	Nature of injury Process Head Baseland Al R.
19. UNOERTAKE Mroy D. Bolden, (Address) Oakland, Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDURE 30, 1936 Julia Registr	(Signed) A A A A A A A A A A A A A A A A A A A
If more blanks are needed, address State Reg	gistrat, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Si	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage UII 8 1036	July 5,1927	Peritonitis	3 days ago
BUPEAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	4	MARGIN RESERVED FOR BINDING	ESERVED	FOR	BINDING	
Z,	WITH	UNFADING	INK-THIS	IS A	Y, WITH UNFADING INK-THIS IS A PERMANENT RECO	RECC

N. B.—WRITE PLAI

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

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Exact statement of OCCUPA.

STATE OF	MARYLAND-	-CERTIFICATE	OF DEATH
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1	3	No.	J	1	)	ę	7

1. PLACI	OF DEA	TH		. —		~00	
County	Barr	ett			Registration Dist, No. 166	)	
			Lake Pa	(1	ND. St., death occurred in a hospital or institution, give its NAME instead of street and num	Ward	
Length o	f residence In c	ity or town where	death occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrsmos	ds.	
2. FULL	NAME De	lil ah	Ann Ech	ard.	If U. S. Veteran, specify WAR		
(a) Residence: No. (Usual place of abode)			(Usual plac	e of abode)	St., Ward.  If nonresident give city or town and State	te	
	ONAL AN	D STATIST	ICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH		
Femal.		n or race		RRIED, WIDOWED, ED (write the word) DWECL	21. DATE OF DEATH (Month) (Day)	(Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Milton Echard.			ard.		1 HEREBY CERT IFY That I attended dece		
6. DATE OF BII	RTH (month, da	y, and year) N	ov. 31	18565	157 31	eath is said	
	80	3	15	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance	ate of onset	
S. Hee, professing, or perturate   S. Hee, profes				ent in this cupetion	Other Coutributory Causes of Importence:		
13. NAME 14. BIRTHP (Ste	LACE (city or to	wn) Penn	( S		Name of operation Date of What test confirmed diagnosis? Was there en autop		
15. MAIDEN	NAME [	Jnkown			23. If death was due to external causes (VIOLENCE) fill in also the following:	15y :	
16. BIRTHP	15. MAIDEN NAME Unkown  16. BIRTHPLACE (city or town) Unknown  (State or country)				Accident, suicide, or homicide? Date of Injury	, 19	
17. INFORMANT Charles Echard, (Address) Mountain Lake Park.				Park.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		
18. BURIAL, CRE	MATION, OR R	REMOVAL		18th, 36	Manner of injury		
19. UNDERTAKE		D. Bol		Md	24. Was disease or injury in any way related to occupation of deceased?  If so, specify		
20. FILEDOLES	17,1	9 36	Julia	Roccian Registrar.	(Signed) (Address) O - Kanada Mary	M. D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	f onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 19	715	Attack of epilepsy	1 week ago
	021	Run over by street car	1 week ago
Cerebral hemorrhage July 5	5,1927	Peritonitis	3 days ago
JUL 8 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones May 1	1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF

STATE OF MARYLAND—	CERTIFICATE OF DEATH 625
DEATH	Registration Dist. No. 16/
Selbyshort RFStil Ind	No. St Wa
ce in city or town where death occurredyrsmos  E Stelloom Eigentro	death occurred in a horpital or institution, give its NAME instead of street and number)
ND. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Osciletton	21. DATE OF DEATH  (Month) (Day) (Year)  (Year)
conseption 1607 Who	22. I HEREBY CERTIFY. That I attended deceased fi
nth, day, and year) 9 21 1436  Months Days If LESS than	I last saw h. Course than of obact 6 n7 Wifes; death is s to have occurred on the date stated above, et . T. P. m.
etien 1 6 a 8 who I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence

County Tarrit	Registration Dist. No. 16/
Village or City Selbysfort 17 18th Ind	No. St Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stelloom Essentin	out X
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Couception 4. COLOR OR RACE OR DIVORCED (write the word) Oscileption	21. DATE OF DEATH 2/\$/. 193 6 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Conseption 16077 Who	1 HEREBY CERTIFY, That I attended deceased from 21 & 1936 to 21 21 1936
6. DATE OF BIRTH (month, day, and year) June 21,1936	I last saw h Course than of obered 6 n7 letter : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 7 - 0 - m.
Conseption 1 6 a 8 who I day, hrs.	THE PRINCIPAL CAUGE OF BEATH and related causes of importance
2 Trade evaluation or particular	were as follows: Due to a fell off of steps: Date of onest
Kind of work done, as SPINNER, Conseption 16 WILLIAM	
<   9. Industry or business in which	21
work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
Sul and REDEL and	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Selling a front [ Fisher   State or country)	Susto a facility otipe sing
0 6 6	() 80 4 1 92,8
13. NAME James Would Siscultant  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide accordular Date of injury 1, 1926
E (State or country) Ivany Cand	Where did injury occur? GT Husbands House (Specify city or town, county and State)
17. INFORMANT Kates Evelyn Eisenhout (Address) Frundsvell R F DE 1 3rd	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of Injury Fall of Stips
Place Lann Date Lun 1/, 1936	- Nature of injury Causely Amecaning
21 21 /2	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER / L. / L	If so, specily
1 -1171	(Signed) It 6 method M.D.
20. FILED June 21, 1936 Jeannello Stalle	(Address) Thriesdaville Ind

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I		Example II	
The principal cause of importance were a	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1926	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	REIREAU V. S.	July 5, 1927	Perilonilis	3 days ago
	And the second of the second o			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	-CERTIFICATE OF DEATH 6257
1. PLACE OF DEATH	946
County / Margre / C	ne Identification Dist. No. /6/
Village or City Alle Coulte	No. St.,  (If death occurred in a hoppital or institution, give its NAME instead of street and number)
Length of residence in city or fown where death occurred	mosds How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Many of law of	ike
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Currie the word	21. DATE OF DEATH June 24 th 1934 (Ye. (Ye.)
5a. If married, widowed, or divorced	23
(or) WIFE of Omishian tike	22. I HEREBY CERTIFY, Thet I attended deceased
6. DATE OF BIRTH (month, day, and year)	
7. AGE Years Months Days If LESS tha	
9/ S 1 day,	the FAINCIPAL CAOSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Accuse Minds SAWYER, BOOKKEEPER, etc	Doronary Occlusion Dates
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
10 Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Il Jangleine	Other Coutributory Causes of importance:
(State or country)  22 13. NAME OSE PL LILLE	- Hurrist Gelessie
13. NAME OSE TO LETTER 14. BIRTHPEACE (city of town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?.
15. MAIDEN NAME Anna Thakero	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town) 711	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT. / M Scece Sarage	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date 19619	Manner of injury
19. UNDERTAKER A National Services (Address) Travelsellen	24. Was diseese or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL DI ACE POIL POILITAIL DIALIMINALO DI LITTORIA	DITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ULA	IUI	UJ
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#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) widne (Day) (Year) 5a. If married, widowed, or divorced **HUSBAND** of HEREBY CERTIFOY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than to have occurred on the date stated above, at OF DEATH and related causes of importance or .... min. Date of onset 8. Trede, profession, or particular CCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc .... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... 10. Date deceased last worked at 11. Total time (years) this occupation (month and year) spent in this occupation \_\_ 5 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)

18. BURIAL, CREMACTION, OR REMOVAL Manner of injury Nature of Injury (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	100	Example II	
The principal cause of importance were a Arteriosclerosis	of death and related causes s follows:	4-14	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nep		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JOT 0 1839	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

See instructions on back of

TION is very important.

PHYSICIANS should state

Exact statement of OCCUPA.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. PLACE OF DEATH	982
County Garrett	Registration Dist. No. 166
Village or City Oakland, Md.	No. St Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign blrth?yrs,mosds,
2. FULL NAME Otto Frederick Kloepfel.	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male  4. COLOR OR RACE  White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  (Month)  (Day)  (Tear)
5a. If married, widowad of divorced HUSBANO of Elizabeth Kloepfel (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) November 20, 1809	1 last saw have alive on Juck 2, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date statad abova, at 8:20. Am. M.
67 6 73 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc Farmer	By Carlotte
9. Industry or business in which	chroce a my ocerowing
work was done, as SILK MILL,  SAW MILL, BANK, etc	
11. Total tima (years) this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Oakland, (State or country) M arvland.	Other Contributory Causes of importance:
m al y land	w/ w/ www.
<u> </u>	
44. BIRTHPLACE (city or town) GETMANY, (State or country)	Name of operation
15. MAIOEN NAME Mary Beckman.	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Mary Beckman.  16. BIRTHPLACE (city or town) Germany	Accidant, suicide, or homicide? Date of injury19
(Stata or country)	Where did injury occur?
17. INFORMANT Mrs. Elizabeth Kloepfel Oakland, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placenegy Cemetery Date June 5, 19 36	Manner of injury
19. UNDERTAKER Emroy D. Bolden. (Addiess) Oakland, Md.	24. Was disease or injury in any way related to occupation of dacaased?
20. FILED Wal 4 , 1936 Julia ( Del Ov Registrar.	(Signad) Mf feereberght M. D. (Address) Ocleans M.D.
If shore blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

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See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH 6260

1. PLACE OF DEATH	<u> </u>
County Darrett	Registration Dist. No. 172
Village or City Vineley	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
10 mm 1 m	
2. FULL NAME Jane Chyabeth A	Mod If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, SED BIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Vear)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 18, 1936	I last saw h. LY. alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above at 3,3012, 14
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stellingth Quising
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
1/2 6/00/	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or pountry)	
	mulymating of full Variety
7 00	of mak y
(State or country)	Name of operation Date of What test confirmed discussion Amel
	what test committee diagnosis! was there an autopsy!
7	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  19  19
O 16. BIRTHPLACE (city or town) The have	Where did injury occur?
17. INFORMANT Passell & Kuoje	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. Burgay Cremation or REMOVE malery 19.3(	Manner of injury
Place Date Pure 19, 19 00	Nature of injury
19. UNOERTAKER Tha T. Shirbless (Address)	24. Was disease or injury in any way related to occupation of decaased?
20. FILED July 19 1936 a Barriel Registrar.	(Signed) folk clandilla M.D.  (Address) Lit miles m.D.
	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephro	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUL 3	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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V. S. No. 1 N. B.- CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF	MARY	AND-C	FRTIFICA	TE OF	DEATH
SIAIL OF	MALLI	-AIND C	LIVIII	IL OF	DEALD

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County Carrett	7-20
Village or CityM CHenry, Md.	Registration Dist, No. J V
Vinage of Cityty CttCttt y water	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residanca in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Barh ara Ellen McLean ,	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH Lune 29 ,1936 (Month) (Day) (Yast)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Douga ld McLea n	22. HEREBY CERTIFY, That I attended dacaasad from 20, 1934, to Vanc 29, 1936
6. DATE OF BIRTH (month, day, and year) January 7th 1356	Hast saw heet alive on Vune 28, 1936; death is said
7. AGE Yaars Months Deys If LESS than	to have occurred on the date stated above, at 4:45 An.
79 5 22 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trada profession or particular	Pernicious anemia 3 yrs.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Data daceasad last workad at this corruption (month and	
10. Data dacasad last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) AV 11ton, (State or country) M 3	Other Contributory Causes of importence:
≝ 13. NAME Elias Weitz ell	
Penn	
4. BIRTHPLACE (city or town)	What test confirmed diagnosis? Blood Control Was there an autopsy?
当 15. MAIOEN NAME Fannie Blucker,	
Down	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) FCIIII •  (State or country)	Accidant, suicida, or homicida?
17. INFORMANT Pearl McLean (Addrass) M. CHARRY Md	(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) M CHenry, Md.  18. BURIAL, CREMATION, OR REMOVAL  Placa. McHenry Cemetery July 15t, 36	Manner of Injury
	Neture of injury
19. UNDERTAKER Emroy D. Bolden, (Address) Oakland, Md.	24. Was disaasa or injury In any way ralated to occupation of decaasad? No
20. FILED 6/30/ ,1936 Julia Rowan	(Signed) Harold C. Miller M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



See instructions on back of certificate.

V. S. No. 1

STATE	OF	MARYL	AND-	CERTIFIC	CATE	OF	DEATH
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1. PLACE OF DEATH	949
County Garrett	Registration Dist. No. / 16
Village or City Mountain Lake Park, Md.	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where daath occurredyrs,mos	death occurred the a hospital of institution, give its INAINE, instead of street and number) ds. How long In U. S. if of foreign birth?mosmosds.
2. FULL NAME Frank Meyers Murphy,	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Male White Married	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Flora Hadden Murphy	22 I HEREBY CERTIFY, That I attended dacaasad from
6. DATE OF BIRTH (month, day, and year) July 28, 1873	last saw harman aliva on 19 36; death is said
7. AGE Years Months Day If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1.5 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trada, profession, or particular kind of work done, as SPINNER Beal Estate  SAWYER, BOOKKEPPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data daceasad last worked at this occupation (month and year) occupation.	Gosa Commeny Ocelusion
12. BIRTHPLACE (city or town) Belle Vernon (State or country) Pa	Othar Contributory Causes of importanca:
13. NAME Wm. H. Murphy 14. BIRTHPLACE (city or town) (Stata or country)  Pa.	Name of operation
15. MAIDEN NAME Anna Rebecca N ichols,  16. BIRTHPLACE (city or town) Bentlyville,  (State or country) Pa.	23. If death was dua to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANTMRS. Flora Murphy. (Addrass) M t. Lake Park.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Oakland, Md. Date June, 11, 19 36	Mannar of injury
19. UNDERTAKER Emroy D. Bolden, (Address) Oakland, Md.	24. Was disaase or Injury In any way ralatad to occupation of dacaasad?
20. FILEDJune /6, 1936 Julia Rowar Registrar.	(Signad) M. D.  (Addrass) Oor Road M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

AGE should be

mation should be carefully supplied.

certificate.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6262
1. PLACE OF DEATH	
county Daniel.	Registration Dist. No.
Village or City manutani Lake Parks	72 No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos,	ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Dexter B. Der.	NP - 115
(a) Residence: No. Clarkslung. WVa ( (Usuki place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  W.  U.  U.  U.  U.  U.  U.  U.  U.  U.	21. DATE OF DEATH (Month) (Day) 190 (Year)
5a. If married, widowed, or divorced  HUSBAND of Corp. WIFE of Corp.	22. SERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 0 + 16, -1868 7. AGE Years   Months   Days   If LESS than	I last sow and any on feeler and to have occurred on the date stated above, at
75 8 13 1 day,hrs.	The PRINCIPAL AUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Museum	Hora Offor probably
Industry or business in which work was done, as SILK MILL,	omplete heart blacks & GA
SAW MILL, BANK, etc	- Deceased slumbed in Chave immediately often
12. BIRTHPLACE (city or town) Wallace, W. Sa.  (State or country)	Other Contributory Couses of Importance:
13. NAME Mathew Orr.	
13. NAME Mathew Or.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Jane Ma Lie	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
17. INFORMANT Willard, Orr. (Address) Meadaw Brown with	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wallace, WV9, Date July 7, 1936	
19. UNDERTAKER At. Cally was	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED D/ 19.36 Pulia lowar Registrar.	(Signed) M. D.  (Address) Cherchert M. D.

If more blanks are needed, address State Registrar, 24xx N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance;		Ohlan andribut	
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1. PLACE OF DEATH	MAKILAND	CERTIFICATE OF DEATH	0000
4 ++		93-20	
County Saver	***************************************	Registration Dist. No	27
Village or City / Classification		NoSi f death occurred in a hospital or institution, give its NAME instead of stree	t.,Ward
Length of residence in city or town where death		sds. How long in U.S. if of foreign birth?yrs,	
2. FULL NAME valine	totamile 100	If U. S. Veteran, specify WAR	
(a) Residence: No.		St., Ward.	X
PERSONAL AND STATISTICA	(Usual place of abode)	If nonresident give city or tow	
	SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	I A
Female White	OR DIVORCED (write the word)	line 18	193 6
5a. If married, widowed, or divorced	weeve	(Month) (Day)	(Year)
HUSBAND of 9/71 Pool		22.   I HEREBY CERTIFY, That I atte	ended deceased from
A.	ALDEICE!	- 1934, to June 18	19.2.
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months	Ch 15/836		36; death is sai
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated wove, at 2:36 H m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	ormin,	were as follows:	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Sente myrrantis	
Industry or business in which	usewife	1	June 1-
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (vesse)	Aun culas Febrillation , due	to 1935
this occupation (month and year)	11. Total time (years) spent in this occupation	serility Duration: not known	
Vitari	lles	Other Contributory Causes of importance:	wife R.
12. BIRTHPLACE (city or town) (State or country)	ma	J.M. t.	. 0 2
I 13. NAME Henry ba	mill	Sailt	
14. BIRTHPLACE (city or town)	1	Name of operation Date	e of
(State or country) Plan	d	What test confirmed diagnosis? Was ther	21
15. MAIDEN NAME JULIAM F  16. BIRTHPLACE (city or town)	agenbaken	23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)	1 1	Accident, suicide, or homicide? Date of injury_	, 19
(State or country)	yland	Where did injury occur?(Specify city or town, county an	16
17. INFORMANT MIS Rebend	Mason	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1 . 2 0 01	Manner of injury	
Place Tamur	Date June 20, 1936	Nature of injury	
19. UNDERTAKER OCHA T. DA	anpless	24. Was disease or injury in any way related to occupation of decease	d? W
(Address) Blaine W.	101	If so, specify	dla
20. FILED Jule 19, 1936 A. H	Nanck	(Signed)	M. 1
(/	Registrar.	(Address)	rioq

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	18	Example II	
The principal cause of death and related causes of importance were as follows: CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis   111 3 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage  BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

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1	D. Every	SICIANS	tatement
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INDITING	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOND. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
MARGIN RESERVED FOR BINDING	IS A PER	stated E	properly
3	HIS	pe	pe
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V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH	6264
DEATH	

1. PLACE OF DEATH		(02.0)			,
County Larrett		500	Registration D	ist. No. 46	1
Village or City Franchaulle		No.		St.,	Wa
		th occurred in a hospital or insti		instead of street and	
Length of residence in city or town where death occurred		ds. How long in U.S.it	of foreign birth?	yrsm	0s
2. FULL NAME Susan Bows	er Seller	~			V. 1
(a) Residence: No.	see nul	St., Ward.			$\triangle$
(Usual place	1			ive city or town and	State
PERSONAL AND STATISTICAL PART			CERTIFICATE	OF DEATH	
7 OR DIVORCE	RRIED, WIDOWED, ED (write the word)	I. DATE OF DEATH	(Month)	(Dey)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	Alellar 22		V 055515V	This I in a 1.4	
(or) WIFE of Hallow John	sellers 14	Some 1876	Y CERTIFY	, That I attended	deceased 1
10	< 1 0	last saw her alive on	Some 187	£ 10.36	death is
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days	If LESS than	o have occurred on the date st	ated above at H	4	; ueatii is s
1 67 H 29		The PRINCIPAL CAUSE OF DE	the state of the same of		
7   1   2	ormin.	were es follows:	1 1 1	trans-	Date of on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	excepted -	, , , , , , , , , , , , , , , , , , ,	7		-
		Paimony course	00	123	-
O. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	<i>-</i>	10 ette - 1	-	yocarditis.	•
10. Date deceased last worked at 11. Total	time (years) ent in this	www.allen !	-geors. Cens	-01-,	
	cu pation	Other Contributory Causes of in	nortance:		
12. BIRTHPLACE (city or town)					
(State or country)		A Cute	moly est	ion	
13. NAME Daniel Bosser			()		
14. BIRTHPLACE (city or town)		Name of operation		Dete of	1
(State of country)	\	What test confirmed diagnosis?.		Was there an	eutopsy?
15. MAIDEN NAME Harrel Selend  16. BIRTHPLACE (city or town)  (State or country)	et 23	3. If death was due to external	auses (VIOLENCE) fill	in also the followin	g:
0 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?.	D	ate of Injury	, 19
(State or country) Myd,		Where did injury occur?			
17 INFORMANT Morral Speelma		Specify whether injury occurred		own, county and Sta IE, or in PUBLIC PL	
(Address)					
18. BURIAL, CREMATION, OR REMOVAL	1 3/1	Manner of injury			
Place Date Date	,19:5.6	Nature of injury			
19. UNDERTAKER It It Scrage	2	4. Was disease or injury <sub>a</sub> in any	way related to occupa	tion of deceased?	
(Address) Freinglo Hell	e me	If so, specify	7		
20, FILED June 19, 1936 Jeannello	Hull.	(Signed)	wason	1 01	/N
CO. FILED TONE TO TO THE TONE TONE	Registrar.	(Address)/	molar	all h	ef

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

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STATE OF MARYLAND—CERTIFICATE OF DEATH 6265 1. PLACE OF DEATH County Garrett Registration Dist. No. 7 Village pr City Mt. Lake Park. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred\_NO\_vrs\_NO \_mos.\_\_\_\_\_\_no\_\_ds. How long in U.S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_ If U. S. Veteran, specify WAR (a) Residence: No. Mt. Lake Park. Md. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) June White Single (Month) HUSBAND of (or) WIFE of

2. FULL NAME William Liston Smith 3. SEX Male 5a. If married, widowed, or divorced 6. DATE OF BIRTH (month, day, and year) June 17, 1936 7. AGE Months If LESS than I dano \_hrs. Still Born 8. Trada, profession, or particular kind of work dona, as SPINNER. OCCUPATION SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_ 10 Data deceased last worked at 11. Total time (yaars) this occupation (month and occupation. 12. BIRTHPLACE (city or town) Mt. Lake (Stata or country) Garrett Co. 13. NAME Edgar Anderson Smith Walkersville f4. BIRTHPLACE (city or town) Va. (State or country) MOTHER 15. MAIDEN NAMELetha Fern Gibson 16. BIRTHPLACE (city or town) Pricetown (State or country) 17. INFORMANT Edgar A. (Address) Mt. Lake Park. 18. BURIAL, CREMATION, OR REMOVAL Place Buckhannon, W. Van. June 17, 36 19. UNDERTAKER Herbert C. Leighton 24. Was disease or injury in any way ralated to occupation of deceased? Oakland.

HEREBY CERTIFY: That I attended deceased from to have occurred on the date stated above, at 5: A . m The PRINCIPAL CAUSE OF DEATH and ralated causes of importance Date of onset Other Contributory Causes of importance: Name of operation\_\_\_\_\_ What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_\_ 19 Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Registrar.

Manner of injury

Nature of Injury

If so, specify

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.-The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. TION is very important. STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF PEATH	(31)
County Sant	Registration Dist. No. 169
Village or City Deer Rank	No. St Ward
$Q_{\lambda}$ 0	death occurred in a hospital or institution, give its NAME instead of street and number)
1- N 0/1 M	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (Alle Olan ask	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
final Africa OR DIVORCED (wrighthe word) Morried	, 193 (9 (Month) 2 7 (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	yane 2
(or) WIFE of MMRe /asker	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) File 2-1882	I last saw h a alive on alixer by 124, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 6-3-02cm.
54 & 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
2 Frade profession or particular	Obranis Mehler itte
kind of work done, as SPINNER, Jande Harle	Duration: two years Culfer.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	0
U 10. Date deceased last worked at 11. Total time (years)	(1)
this occupation (month and kg) spent in this occupation	
12. BIRTHPLACE (city or town) frankbill	Other Coutributory Causes of importance:
(State or country) Barrett co And	
13. NAME Lloyd Rawling Dawson	
13. NAME Lloyd Rawling Dawson 14. BIRTHPLACE (city or town) Carreling Dawson	Nama of operation Data of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cathrine Dawson  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)   Classification   (Stata or country)	Accident, suicide, or homicide?
Chi Co State of Country	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND COMPANY (Address) AD LOCAT COMPANY C	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place (asker cernela) Date from 28, 198	Nature of injury
19. UNDERTAKER Other F Sharpless	24. Was disease or injury in any way related to occupation of deceased?
(Address) Blame Arra	If so, specify
20. FILED Com 27. 183 Com C. a. Cehly	(Signed) Well Dunkwale M.D.
Registrar.	(Address) of Dimania, Willia.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	in the second	Example II	Y
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage ANG 26 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			6-160-150

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

B.-WRITE PLAI

PHYSICIANS should state

Exact statement of OCCUPA-

of infor-

. Every

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 6266
1. PLACE OF DEATH	23
County Manest	Registration Dist. No. 16/
Village or City Mr. Issendsville	No. St., Ward lift death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Mystle anna Man	a Siebla
	T. St. # / Ward Box 43 If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Market	21. DATE OF DEATH  (Month)  (Day)  (Year)
HISBAND of Gord Wan Sinkle	22. I HEREBY CERTIFY, That I ettended deceased from Assil 20, 18, 26, to June 29, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
5. DATE OF BIRTH (month, day, end year) Suno 12 # 18 80	I last saw her elive on Opril 20th, 1936, death is sai
AGE 5 4 Years   Months   Days   If LESS than	to have occurred on the date stated above, et 9.20 Am.
1 dey,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8 Trade profession or particular	Tuberculosing of the
SAWYER, BOOKKEEPER, etc.	Massisaton Wystem
work was done, as SILK MILL,	J. J.
SAW MILL, BANK, etc	
this occupation (month and spant in this year) occupation	
Jeal)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)  Rudlato Pounta Mebian	1 / Marc
- Carly	4
13. NAME John Hudson Costelle	7
14. BIRTHPLACE (city or town) Thurse alta	Neme of operation Date of Date of
i did of obtaining the second of the second	What test confirmed diagnosis & Man Examination Was there en au'opsy?
15. MAIDEN NAME Charlatte Francis Tells  16. BIRTHPLACE (city or town) Tells  (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) / Migrob Ille	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Large flow Subsla	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Johnson July Date July 1,193	
and of the state o	24. Was disease or injury in any way related to occupation of deceased? 200
19. UNDERTAKER (Address)	If so, specify
0- 2 20 200 to 14 40	(Signed) R. T. J. OP. Wlinte M.
io, FILED Time 20, 19 36 rannell Staff	UrgiffCU1

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year


OF BOD BUILDING OF A BUILDING DAY DUNGLICUAN

STATE C	F MARYLAND-	-CERTIFICATE OF DEATH	267
County Garrett		Registration Diet No. 16	6
Village or City M ountain	T. oko Domk Ma	registration Dist. No.	
the state of the state of the state of the		(If death occurred in a hospital or institution, give its NAME instead of street and	number)
		osds. How long in U.S. if of foreign birth?yrsm	
2. FULL NAMEL illie B	elle Weimer,	If U. S. Veteran, specify WAR	
(a) Residence: No	(Usual place of abode)	St, Ward.  If nonresident give city or town and	X
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	1 State
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH	, 193 6
5a. If married, widowed, or divorced HUSBAND of	Diligie	(Day)	(Year)
(or) WIFE of		22.   I HEREBY CERTIFY, Thet I ettended	deceased from
6. DATE OF BIRTH (month, day, and year)	uly 13. 1871	Lest saw h alive on	double of
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	-, death 13 30
64 11	7   1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	1011
8. Trade, profession, or particular kind of work done, as SPINNER,			Oate of ons
SAWYER, BOOKKEEPER, etc	••••••	O to sure lands ? Mys -	
work was done, as SILK MILL, SAW MILL, BANK, etc		Elmania Para Com	
Oate deceased last worked at this occupation (month and yeer)	11. Total time (years) spent in this occupation	9 to leave	-
12. BIRTHPLACE (city or town) arre	ett County,	Other Contributory Causes of importance:	-
≝ 13. NAME Joseph Weime			
7	enn.	Name of operation	
置 15. MAIDEN NAME M artha A	. Friend.	What test confirmed diagnosis? Was there an a 23. If death was due to external causes (VIOL ENCE) fill in also the following	
[ 16. BIRTHPLACE (city or town) Wes	t Virginia.	Accident, suicide, or homicide?	_
(State of Country)		Where did Injury occur? (Specify city or town, county and Sta	
17. INFORMANT E. A. Weimer, (Address) Washington	D C	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place U akland, Cem	1. Date June 22, 1936	Neture of injury	
19. UNDERTAKER Emroy D. Bolo (Address) Oakl	den, and, Md.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED rune 2/ 1936 (	alis Posses	(Signed) A A Readow area?	O M.

Registrar.

(Address) .....

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I	11	Example II		
The principal cause of death and related caus of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
300 V	S			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

# MARGIN RESERVED FOR BINDING

V. S. No. 1

ż

PHYSICIANS should state Exact statement of OCCUPA: -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. ä

20. FILEO ...

(Address)

Oa

STATE OF MARYLAN	D—CERTIFICATE OF DEATH 6268
Commotet	0 166
Village or City R. D. Deer Park, Md.	Registration Dist. No. 8 169
	(If death occurred in a hospital or institution give its NAME instead of street and number)
	mosds. How long In U. S. if of foreign birth?yrsmosds
	If U. S. Veteran, specify WAR
(a) Residence: No. R. D. Deer Park, Md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White 5. SINGLE, MARRIED, WIDOV OR DIVORCEO (write that Single)	June 6, 193 36
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended beceased from 19 75 full (1997)
6. 0 ATE OF BIRTH (month, day, and year) June 6, 1936  7. AGE Years Months Days If LESS 1 day, or no	The PRINCIPAL CAUSE OF OEATH and elated causes of importance
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	Prinateul Date of onset
12. BIRTHPLACE (city or town) R. D. Deer Park, Mc (Stata or country) Garrett Co.	Othar Contributory Causes of Importance:
# 13. NAME Porter M. Wilt	
13. NAME Porter M. Wilt  14. BIRTHPLACE (city or town) Swanton  (Stata or country) Garrett Co Md.	Name of operation Oata of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Helen Tasker	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Helen Tasker  16. BIRTHPLACE (city or town) Garrett Co., Md.  (State or country)	Accidant, suicide, or homicide? Data of injury, 19  Where did Injury occur?
17. INFORMANT Porter M. Wilt (Address) Deer Park, Md.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. Burial, chematical, or removal.  Placa Bethlehem Cem. Date June 7, 1	Manner of injury
19. UNDERTAKER Herbert C. Leighton	24. Was disease or injury in any way rejected to occupation of daceasad?

Af more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, spacify

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Example I		Example II		
cause of death and related causes or important e as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Bes Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago	
	\$2500 CC			
Other contributory causes of importance:	930 May 1,1923	Other contributory causes of importance:	1 year	
BUREAU	V. 5.	(	1 year	

1. PLACE OF DO	11- 21	97)	16
County County	The hand	Registration Dist. No.	/ 0
Village or City Carela	no. 1/20	No.  If death occurred in a hospital or institution, give its NAME instead of stre	St.,
Length of residence in city or town where o		sds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME AN	e (l) of		V
(a) Residence: No.		St., Ward.	
(6) 1100110011001	(Usual place of abode)	If nonresident give city or to	
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	TH
3 SEX 4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH	>
Jemall While	Widowed.	(Month) (Day)	, 19
5a. If married, widowed, or divorced HUSBAND of	Wall.	22. I HEREBY CERTIFY, That I at	ttended dece
(or) WIFE of	ron " - 15	190 to	
6. DATE OF BIRTH (month, day, and News)	9. 18421	I last saw her alive on feel, 1	99/10
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	4
94 4 5	1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows:	ce D
8. frade, profession, or particular kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc.	++1	1-1	
	ucca .	Chilarios Terdas	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
O Data deceased last worked at	11. Total time (years)		
this occupation (month and year)	spent in this occupation		
12. BIRTHPLACE (city of town) reen	leville	Other Coutributory Causes of importance:	
(State or country)	Ma		
I 13. NAME armed to	ulpre		
13. NAME Ame To	V Jersey	Name of operation De	ate of
(State of Country)	16	What test confirmed diagnosis? Was th	nere an auto
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Gulotus	23. If death was due to external causes (VIOLENCE) fill in also the f	following:
6 16. BIRTHPLACE (city or town)	pport MO	Accident, suicide, or homicide? Date of injury.	
∑ (State or country)	111	Where did injury occur?(Specify city or town, county	and State)
17. INFORMANT Melya W	get 1	Specify whether injury occurred in INDUSTRY, in HOME, or in PUE	BLIC PLACE
18. BURIAL, REMATION OR REMOVAL	- I rece	Mannay of injury	
Place appland, MI	Date 6/22/ 193	Manner of injury	
1111	001:	24. Was disease or injury in any way related to occupation of decea	ead?
19. UNDERTAKER (Address)	to 1 115 lan.	If so, specify	36d:
6/20/ 36/1	V. Barre	(Signed) // (Therebox	ken/
20. FILED., 19	Registrar.	- (Address) Oakedus	1/2

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Cerebral hemorrhage JUL 8 1333	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	+		

ADDITIONAL S	SPACE 1	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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